

MOBILE COUNTY COMMISSION
APPLICATION FOR INDIGENT BURIAL

DATE: [Click here to enter a date.](#)

APP. TAKEN BY: E. Gray

DECEASED:

Full Name: _____
Date of Birth _____ Date of Death [Click here to enter a date.](#)
Last Known Address: _____
City/State/Zip: _____
☐ Own ☐ Rent Monthly Payment or Rent: \$ _____
Passed Away at: _____
Cause of Death: _____
Social Security # _____ Veteran (check one) ☐ Yes ☐ No
Marital Status: (Check one) ☐ Married ☐ Never Married ☐ Divorced ☐ Widowed
Name of Spouse: _____
Sex: (check one) ☐ Male ☐ Female (check one) ☐ Child ☐ Adult
National Origin: (check one) ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Other
Religious Preference: ☐ Protestant ☐ Catholic ☐ Jewish ☐ Muslim
☐ Eastern Orthodox ☐ Other ☐ None

Location of Deceased: _____
Contact Person: _____ Phone: _____

NEXT OF KIN:

1st Next of Kin _____ Relation. _____
Address _____ City/State/Zip _____
Occupation: _____ Monthly Income: \$ _____
Name of Employer: _____

2nd Next of Kin _____ Relation. _____
Address _____ City/State/Zip _____
Occupation: _____ Monthly Income: \$ _____
Name of Employer: _____

3rd Next of Kin _____ Relation. _____
Address _____ City/State/Zip _____
Occupation: _____ Monthly Income: \$ _____
Name of Employer: _____

4th Next of Kin _____ Relation. _____
Address _____ City/State/Zip _____
Occupation: _____ Monthly Income: \$ _____
Name of Employer: _____

REQUESTER/CALLER:

Name: _____
Address: _____
City/State/Zip: _____ Phone: _____
Relation to Deceased: _____ Referred by: _____

DECEDENT'S INCOME/RESOURCES:

			Amount Monthly
Social Security	Y	N	\$ _____
SSI	Y	N	\$ _____
SSDI	Y	N	\$ _____
Food Stamps	Y	N	\$ _____
VA Benefits	Y	N	\$ _____

Decedent's Occupation: _____ Monthly Income: \$ _____

Name of Employer: _____

Other Source of Income: _____ Monthly Amount: \$ _____

Unemployment: \$ _____ Retirement: \$ _____

ASSETS OF THE DECEASED:

Financial Assets	Agency Name and Address	Amount
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
IRA/CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Stocks, Bonds, Mutual Funds, Annuities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Credit Union Acct. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Cash on hand		\$ _____
Life Insurance/ Burial Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____

Real & Personal Property/Assets	Market Value	Balance Owed	Equity
Mobile Home (Year/Model):			
Real Estate Properties:			
Vehicles (Year, Make & Model): 1. 2.			
Recreational Vehicles: (Campers, trailers, boats, ATV, etc.)			
Burial Plot(s)			
Other Assets			

** Proof of income of the decedent must be attached. Furnish this office with the latest pay stub, last three month's bank statements, and last year's federal income tax return (1040) as well as government-issued identification, such as a driver's license. **An incomplete application will be denied.**

ASSETS OF NEXT OF KIN: (Separate sheet needed for each member of the family.)

Financial Assets	Agency Name and Address	Amount
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA/CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stocks, Bonds, Mutual Funds, Annuities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Credit Union Acct. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Cash on hand		\$
Life Insurance/ Burial Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Real & Personal Property/Assets	Market Value	Balance Owed	Equity
Mobile Home (Year/Model):			
Real Estate Properties:			
Vehicles (Year, Make & Model): 1. 2.			
Recreational Vehicles: (Campers, trailers, boats, ATV, etc.)			
Burial Plot(s)			
Other Assets			

** Proof of income of the next of kin must be attached. Furnish this office with the latest pay stub, last three month's bank statements, and last year's federal income tax return (1040) as well as government-issued identification, such as a driver's license. **An incomplete application will be denied.**

FOR OFFICE USE ONLY

APPLICATION FOR PAYMENT OF Check One:

- ☐ BURIAL
☐ CREMATION

EXPENSES OF _____ (DECEASED) HAS BEEN APPROVED/DISAPPROVED

BY Edith Gray **THIS** _____ **DAY OF** _____, 2020.

In the provision of indigent burial services, the Mobile County Commission does not discriminate based on race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

Revised 7/5/2016